

HARM REDUCTION INTERVENTIONS FOR CHRONIC AND SEVERE ALCOHOL USE AMONG POPULATIONS EXPERIENCING HOMELESSNESS

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RESEARCH PROJECT

- Literature review
- What evidence-informed alcohol harm reduction strategies are available
- Necessary components of available programs
- Facilitators and barriers at the agency and community level
- Conclusions and recommendations

NON-BEVERAGE ALCOHOL

- Non-beverage alcohol (NBA): products that contain alcohol that are not meant for human consumption
- In Regina, hand sanitizers, mouthwash, hairspray or isopropyl alcohol have been commonly consumed by individuals with chronic and severe alcohol problems
- Low cost, higher alcohol content, and accessibility make NBA an attractive alternative to beverage alcohol
- Chronic ingestion of NBA can cause serious health effects, due to ingredients such as thymol and methyl salicylate

NON-BEVERAGE ALCOHOL

- Thymol has been shown to cause gastric pain, nausea, vomiting, central hyperactivity such as talkativeness, convulsions, coma, and cardiac and in severe cases, respiratory collapse
- Methyl salicylate can cause significant toxic effects to the gastrointestinal system, central nervous system, hematological system, as well as disturbances in the acid-base balance of the body
- Alcohol gel ingestion can be related to more complex psychosocial problems, such as mental illness

MANAGED ALCOHOL PROGRAMS

- Managed alcohol programs (MAP) are alcohol harm reduction strategies
- Aim to reduce NBA use and stabilize drinking patterns
- Annex program opened in Toronto in 1997
- Most managed alcohol programs in Canada operate as single-site permanent supportive housing
- Supports such as housing, meals, and medical care are often offered

MANAGED ALCOHOL PROGRAMS

- Beverage alcohol provided in set amounts at set time intervals
- Alcohol such as beer, wine or spirits is administered between the hours of 0700 and 2300 hours daily at 60-90-minute intervals
- There are programs that have staff dispense alcohol to clients daily as opposed to hourly
- MAPs have policies in place so that staff adjust doses or not serve alcohol to clients who are overly intoxicated
- Drinking outside of the program is strongly discouraged

MAP AND HOUSING FIRST

- Housing First (HF) is a harm reduction approach to ending homelessness
- Client-oriented approach to accessing housing that does not require abstinence from substance use or participation in psychiatric treatment
- In a case study by Collins, Malone, and Clifasefi (2013) on housing retention in a single-site HF program, 46.5% of the clients interviewed for the study stated that they would not have been able to maintain housing with an abstinence requirement
- Although many clients expressed interest in cutting back on their alcohol consumption, some were not interested or unable to abstain from alcohol entirely due to a variety of reasons

MAP AND HOUSING FIRST

- Collins, Clifasefi, Dana, et al., (2012) report that many staff members of the HF program supported the harm reduction model and understood that abstinence might be unrealistic for some clients
- The HF program incorporated the principles of a MAP that provided clients with the opportunity to have staff keep their alcohol for them and then distribute it in amounts and a schedule agreed upon with clients
- Clients that participated in the MAP had more frequent contact with staff which translated into more opportunities for harm reduction interventions, such as encouraging clients to reduce their consumption of non-beverage alcohol
- Clients reported that they had reduced their drinking or became abstinent and enjoyed a greater sense of control when they did not drink to intoxication

MAP RISKS

- Drinking outside of a program can lead to an uninterrupted alcohol consumption and subsequent health decline
- Potential to increase the consumption of alcohol among clients due to drinking every day as opposed to previous patterns and taking days off or drinking outside of the program
- The current research suggests that MAPs have clear eligibility and screening criteria, policies in place to discourage the consumption of outside alcohol, staff who are competent and trained to adjust a client's dose based on their needs and behaviour and offer health and social supports

MAP BENEFITS

- A safe space: MAP clients that were interviewed by researchers stated that MAPs are significantly safer than drinking, and living, on the street or shelter
- MAP clients are safe from violence of the street, drinking in unsafe locations, as well as the stigma of alcohol use and homelessness
- Additionally, people experiencing homelessness who are intoxicated are often placed in custody over night or taken to the hospital

MAP BENEFITS

- Improved health outcomes: Podymow, Turnbull, Coyle, Yetisir et al. (2006) found that medication compliance improved among the MAP clients with 88% of clients taking their medication as prescribed 80% of the time
- In their case study of a MAP in Ontario, Evans et al. (2015) found that many of the clients of the MAP saw improvements in their liver function tests since starting the program. Improvement in liver function was also found in a cohort study done by Vallance et al. (2016)

MAP BENEFITS

- Reduction in alcohol use: In the cohort study done by Stockwell et al. (2018) the authors determined that MAP clients who participated in the program for two months or more drank NBA alcohol on fewer days than the control participants
- The results from Vallance et al. (2016) also support this; clients of their study reported drinking NBA on significantly fewer days than the control participants
- A reduction in NBA use is important as it reduces the risk of long-term alcohol related illness such as liver disease and certain cancers
- MAP clients reported significantly less social, health (including withdrawal seizures), safety, and legal harms related to alcohol in comparison to controls

MAP BENEFITS FOR COMMUNITY

- Reduction in Public Service use and cost savings
- Clients of Annex in Toronto showed a significant decrease in emergency room visits and hospital admissions
- On average, clients visited the emergency room 10.7 days per year before the program and only 2.9 days after 27 months in the program
- The number of inpatient days dropped from 4.2 days to 0 days within the same period

MAP BENEFITS FOR COMMUNITY

- Vallance et al. (2016) found that MAP clients in their study had a decrease of 32% in hospital admissions as compared to when the clients were not in the MAP
- MAP clients in this study had a -33% difference in police contacts leading to custody while in the MAP as compared to not being in the MAP
- In their study, Podymow, Turnbull, and Coyle (2006) found that there was a 36% reduction in emergency room visits and a 51% reduction in police encounters among the MAP clients

MAP BENEFITS FOR COMMUNITY

- Hammond, Gagne, Pauly, and Stockwell (2016) prepared a cost-benefit analysis for a MAP in Ontario and found that MAP clients “spent 94.5% less time receiving detoxification treatment, 42.5% less time receiving inpatient treatment, and 67% less time in police custody than prior to program entry” (p. 12)
- As for the monetary costs of these services, MAP clients decreased their public service utilization costs by \$15,165 (59.7%) compared to the costs incurred prior to entry into the program
- Hammond et al. (2016) estimate that there are a savings of between \$1.09 and \$1.21 for every dollar that is invested in a MAP

CONCLUSIONS/RECOMENDATIONS

- MAPs have been shown to reduce the costs associated with public services such as emergency services, the justice system, and the healthcare system
- MAPs decrease the occurrence of public intoxication as they provide a safe place for people experiencing homelessness to consume alcohol
- As clients' alcohol consumption stabilizes in the MAP, they have more time to focus on recovery and realize that change is possible

CONCLUSIONS/RECOMMENDATIONS

- Single-site HF programs specifically have been associated with positive outcomes, such as reduction in alcohol use and increased housing retention, and a decrease in public service use
- Without access to harm reduction supports, non-abstinence permanent or transitional housing might not fully support the clients' needs which can significantly destabilize an individual's housing stability and overall health, and therefore reduce the effectiveness of the housing program
- Being a part of a MAP or other harm reduction interventions obviously would not be a requisite for people entering HF programs, but it should be a clearly-stated, strongly developed option

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